

# Town of Alton

## Gas Appliance & Gas System Check Form

Installer Name \_\_\_\_\_  
 License Number \_\_\_\_\_  
 Company \_\_\_\_\_  
 Telephone \_\_\_\_\_

Gas Piping Permit # Issued \_\_\_\_\_  
 Map & Lot # \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Owner Name \_\_\_\_\_

### Appliance Check

Appliance								
Manufacturer								
Model#								
Serial #								
BTU'S								
Burner/Com. Chamber								
Man. Shutoff / Sed. Trap								
Control / Pilot Safety System								
Venting System								
Combustion Air								
Taken out of Service or Operation								

### Container Check

Size	Serial #	Manufacturer	Requalification date of cylinder	Location	Container Condition	Relief Valve	Fittings Leak Check	Date

### Pressure Test

Starting Pressure	Ending Pressure	Time Held	Pressure Held Y N Work Order	Date
-------------------	-----------------	-----------	------------------------------------	------

### System Leak Test

Starting Pressure	Ending Pressure	Time Held	Pressure Held Y N Work Order	Date
-------------------	-----------------	-----------	------------------------------------	------

### Regulator Check

Type	Manufacturer	Date/Model	Vent Position/Protection	Flow Pressure	Lock-up Pressure	Date

### Piping Check

Materials	Size	Cover / Protection

